SEC 1972 (6/99)		re to respond to the collection of info orm displays currently valid OMB con		form are not required
		ATTENTION		1
	Conversely, failure to	the appropriate states will not result in a file the appropriate federal notice will not exemption is precent and its precent of the properties of the state of t	result in a loss of an available	•
		UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549	SSION	OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2002
J		FORM D	RECEIVED CO	Estimated average burden hours per response 1
	02030225	NOTICE OF SALE OF SECURIT PURSUANT TO REGULATION SECTION 4(6), AND/OR		SEC USE ONLY Prefix Serial
	UI	NIFORM LIMITED OFFERING EXE	MPTION CO	DATE RECEIVED
Name of Offer	ing (□ check if this is an an	nendment and name has changed, and indi	cate change.)	
		eemable Preferred Stock	105 99	845
		□ Rule 504 □ Rule 505 ☒ Rule	506 ☐ Section 4(6) ☐	ULOE
Type of Filing:	New Filing □	Amendment		
		A. BASIC IDENTIFICATION DA	TA	
1. Enter the	information requested about	- 7.		
Name of Issue	er (check if this is an an	nendment and name has changed, and indi	cate change.)	
Arroyo O	ptics, Inc.			
Address of Ex	ecutive Offices	(Number and Street, City, State,	Zip Code) Telephone Numbe	r (Including Area Code)
<u>6350 Pal</u>	<u>omar Oaks Court,</u>	Carlsbad, CA 92009		431-2125
Address of Pri	ncipal Business Operations autive Offices)	(Number and Street, City, State,	Zip Code) Telephone Numbe	r (Including Area Code)
Brief Description	on of Business			PHOCESSEI
Fiber op				APR 2 2 2002
Type of Busine	ess Organization			THOMSON
□ corporatio	on 🗆	limited partnership, already formed	□ other (please specif	
□ business t	trust	limited partnership, to be formed		
Actual or Estin	nated Date of Incorporation o	r Organization: Month Year 9 4	☑ Actual ☐ Es	stimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

::ODMA\MHODMA\LADOCS;463228;1

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ı		A. BASIC IDENTIF	FICATION DATA				
2. Enter the information rec	uested for the foll	owing:					
	 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. 						
 Each executive offi 	icer and director of	f corporate issuers and of of partnership issuers.	corporate general and ma	naging partners	of partnership issuers; and		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Communications V	entures						
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)				
305 Lytton Avenu	<u>e, Palo Al</u>	to, CA 94301					
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)				'		
ARCH Venture Par	tners						
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	ie)				
1000 Second Aven	ue, Suite	<u>3700, Seattle,</u>	WA 98104				
Check Box(es) that Apply:	☐ Promoter		☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Mitsui & Co. Ven	ture Partne	ers II, L.P.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)				
200 Park Avenue,	36th Floo	r, New York, NY	<u> 10166-0130</u>		·		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Brentwood_Associa	ates VIII,	L.P.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)				
11150 Santa Monic	ca_Blvd.,	Suite 1200, Los	Angeles, CA 9	0025			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Patrick Ennis							
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)				
1000 <u>Second Aven</u> ı	ue, Suite :	3700, Seattle,	WA 98104				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)							
Clifford Higgers	on						
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)				
205 Tretton Arronno Dolo Alto CA 04201							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the fo	llowing:			
 Each promoter of the issuer, if the is Each beneficial owner having the posecurities of the issuer; Each executive officer and director 	ower to vote or dispose, or	direct the vote or disposition		, ,
 Each general and managing partner 	r of partnership issuers.			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Amnon Yariv				
Business or Residence Address (Number and	•	,		
1000 S. San Rafael Ave., I	Pasadena, CA 911	L05		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
George Rakuljic				
Business or Residence Address (Number and	Street, City, State, Zip Coo	de)		
6350 Palomar Oaks Court, (Carlsbad, CA 920	009		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
William Atkinson		•		
Business or Residence Address (Number and	Street, City, State, Zip Coo	de)		
6350 Palomar Oaks Court, (•	•		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Richard E. See				
Business or Residence Address (Number and	Street, City, State, Zip Coo	ie)		
200 Park Avenue, 36th Floor	or. New York, NY	7 10166-0130		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Jerry Kanaly				
Business or Residence Address (Number and	Street, City, State, Zip Coo	ie)		
6350 Palomar Oaks Court, (Carlsbad, CA 920	009		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Christopher Herndon				
Business or Residence Address (Number and	Street, City, State, Zip Cod	le)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Carlsbad, CA 92009

6350 Palomar Oaks Court,

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

		A. BASIC IDENTIF	ICATION DATA		
2. Enter the information rec	uested for the foll	owing:			
		suer has been organized v			
 Each beneficial ow securities of the iss 		wer to vote or dispose, or	direct the vote or disposition	on of, 10% or mo	re of a class of equity
		f corporate issuers and of	corporate general and mai	naging partners	of partnership issuers; and
		of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·		
Anthony Kewitsch				·	·
Business or Residence Addre	ess (Number and	Street, City, State, Zip Coo	le)		
6350 Palomar Oak	s Court, C	arlsbad, CA 920	009		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
John Summers	·				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Cod	le)		
6350 Palomar Oak	s Court, C	arlsba <u>d, CA 92</u> 0	009		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
William Schlegel					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Cod	le)		
6350 Palomar Oak	s Court, C	arlsbad, CA 920	009		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Victor Leyva			· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		
6350 Palomar Oak	s Court, C	arlsbad, CA 920	009		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Cod	le)		· · · · · · · · · · · · · · · · · · ·

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В.	INFORMA	TION ABO	UT OFFER	NG			_	
	1 - 41 - 1		. 1 . 1 1	. 0 . 1		. 11			0 to . rr . 3	•		Yes	No
1. F	as the iss	uer so	old, or does					nvestors in				🗆	⊠
2. V	N/hat is the	minir	num invest					12, if filing ι				····· \$_2	2.000
Z. V	viiat is tile		num mvest	inon that v	viii be acce	pica nom a	ny marvidue	21:				∵∵ ಿ <u>⊸</u> Yes	No
3. E	Does the o	ffering	ı permit joir	nt ownershi	p of a singl	e unit?						🗆	⋈
								paid or give es of securi					
is	s an assoc	iated	person or a	agent of a b	roker or de	aler registe	ered with the	e SEC and/	or with a st	ate or state	s, list the na	ame of	
				e than five (t broker or o			are associa	ited persons	s of such a	broker or de	ealer, you m	ay set	
			e first, if inc		·	******				-	·		
	<u>None</u>	<u></u>										-	_
Busin	ess or Re	sidend	e Address	(Number a	nd Street, (City, State,	Zip Code)						
Name	of Associ	otod [Broker or D	loolor									
ivaine	OI ASSOCI	ateu	Slokel of D	realei			•						
States	s in Which	Perso	on Listed H	las Solicited	d or Intends	to Solicit F	Purchasers	<u> </u>					
(Chec	k "All Stat	es" or	check indi	vidual State	es)							□ A	II States
[AL	_] [A	K]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[II	_] [I	N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	. [N	E]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI	[s	<u>C]</u>	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	_ [PR]
Full N	lame (Last	name	e first, if ind	lividual)									
Puoin		idon.	o Addross	(Number of	nd Street (City State	Zin Codo)						
DUSIII	622 OI KE	sident	e Address	(Number a	na Street, C	Jily, State,	Zip Code)						
Name	of Associ	ated E	Broker or D	ealer									
							<u> </u>						<u></u>
				as Solicited								пΛ	II States
[AL			[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL			[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]			[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI			[SD] e first, if ind	[TN]	[TX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
T GIT T	amo (Laor	Harrie	7 11100, 11 1110	ividualy									
Busin	ess or Res	sidenc	e Address	(Number a	nd Street, C	City, State,	Zip Code)						
									·				
Name	of Associ	ated E	Broker or D	ealer									
States	in Which	Perso	n Listed H	as Solicited	f or Intends	to Solicit F	urchasers						
				vidual State								□ Al	II States
[AL	.] [A	кl	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL			[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT			[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI			[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	50
	Equity ☐ Common ☒ Preferred	•	•
	Convertible Securities (including warrants)	\$0	50
	Partnership Interests	\$0	50
	Other (Specify)		. 0
	Total	\$ 20,093,783.21	\$0
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	268	20,093,783.21
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filling is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	Type of Security	
	Regulation A		?———— S
	Rule 504		S
	Total		S
	10tai		
4.a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	🗆 🤄	:
	Printing and Engraving Costs	•	
	Legal Fees		150.000
	Accounting Fees	'	SS
	Engineering Fees	,	· · · · · · · · · · · · · · · · · · ·
	Sales Commissions (specify finders' fees separately)		S
	Other Expenses (identify)	7	'
	Total	'	150,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>19,943,783.21</u>
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
	Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees	□ \$	□ \$
Purchase of real estate	□\$	□ \$
Purchase, rental or leasing and installation of machinery and equipment	□\$	□ \$
Construction or leasing of plant buildings and facilities	□\$	□\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□\$	□ \$
Repayment of indebtedness	□ \$	□ \$
Working capital	□ \$	
Other (specify):		
	□ \$	□ \$
Column Totals	□ \$	
Total Payments Listed (column totals added)	⊠ \$ <u>19</u> ,	943,783.21

5.

	D. FEDERAL SI	GNATURE	
The issuer has duly caused this notice to be signed by the following signature constitutes an undertaking by the issuer to any notice to be signed by the issuer to any notice to any notice to any notice to be signed by the issuer to any notice to any notice to be signed by the issuer to any notice to be signed by the issuer to any notice to be signed by the issuer to any notice to be signed by the issuer to any notice to be signed by the issuer to b	uer to furnish to the	U.S. Securities and Exchange Com	mission, upon written request o
Issuer (Print or Type)	Signature A	01/6	Date
Arroyo Optics, Inc.	l V	I WWW	March 29, 2002
Name of Signer (Print or type)	Title (Print or Type	e) ·	
Jerry Kanaly	y	Chief Financial Of	ficer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)